



HEALTHY
MICHIGAN
PLAN

The Healthy Michigan Plan Handbook

Introduction

The Healthy Michigan Plan is a health care program through the Michigan Department of Community Health (MDCH).

The Healthy Michigan Plan provides health care coverage for individuals who:

- Are age 19-64 years
- Have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology
- Do not qualify for or are not enrolled in Medicare
- Do not qualify for or are not enrolled in other Medicaid programs
- Are not pregnant at the time of application
- Are residents of the State of Michigan

Eligibility for this program will be determined using the Modified Adjusted Gross Income methodology. All criteria for Modified Adjusted Gross Income eligibility must be met to be eligible for this program.

Most people who have the Healthy Michigan Plan must enroll in a health plan. **MICHIGAN ENROLLS** will send you a letter about the health plan choices in your county.

This handbook tells how you get care and the services covered under the Healthy Michigan Plan. It also lists your rights and responsibilities under the Healthy Michigan Plan.

Visit www.michigan.gov/healthymichiganplan
or call the Beneficiary Help Line
at 1-800-642-3195 if you
have questions or need help.

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For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

Getting Care

When you have health care coverage through the State of Michigan you will get a mihealth card (a plastic card with your name and ID number) and be assigned to a Department of Human Services specialist. You must show your mihealth card before you get services. Your provider will check to make sure you are covered through the Healthy Michigan Plan or other state health care programs at each visit. If you do not show your card, you may have to pay for the service. Always keep this card; you will need it if you qualify for other health care programs through the state. If you lose your card, call 1-800-642-3195.

Tell your provider and Department of Human Services specialist if you have other insurance or if your insurance changes. You can also call the Beneficiary Helpline at 1-800-642-3195 to report other insurance.

Covered Services

The Healthy Michigan Plan covers the federal healthcare law essential health benefits, as well as other services and benefits. These include:

Ambulatory Patient Services

The Healthy Michigan Plan covers:

- Visits to see your primary care physician, nurse practitioner, physician's assistant or a specialist
- Outpatient hospital visits
- Surgical centers
- Home health care
- Hospice
- Podiatry (foot) care
- Chiropractic care

Emergency Services

The Healthy Michigan Plan covers care in an emergency room, emergency transportation or ambulance. The Healthy Michigan Plan also covers emergency services, if needed, outside of Michigan. While not emergency care, treatment at an Urgent Care Center is also covered.

Emergency rooms are for serious medical conditions only. Call your doctor about routine care. The Healthy Michigan Plan defines a medical emergency as a condition where delay in treatment may result in the person's death or permanent impairment of the person's health.

Hospitalization

The Healthy Michigan Plan covers inpatient hospital services such as a hospital stay, physician and surgical services.

Maternity Care

If you think you may be pregnant, see your doctor as early as possible. If you find that you are pregnant while in the Healthy Michigan Plan, the plan will cover medical services while you are pregnant and after your baby is born. Pregnant women do not have to pay co-pays for pregnancy-related services.

Pregnant women may choose to receive medical services through the Medicaid program; to do so, contact your Department of Human Services specialist to report your pregnancy and due date.

Mental Health and Substance Use Disorder Treatment Services

The Healthy Michigan Plan covers inpatient and outpatient mental health and substance use disorder treatment services.

Prescription Drugs

The Healthy Michigan Plan will pay for most medicines prescribed by your doctor. Ask your doctor if you have questions about drug coverage.

Rehabilitative and Habilitative Services and Devices

The Healthy Michigan Plan will cover services ordered by your doctor such as:

- Physical therapy
- Occupational therapy
- Speech therapy
- Prosthetics
- Orthotics
- Medical equipment
- Medical supplies

Preventive and Wellness Services and Chronic Disease Management

Preventive care is a key factor in wellness. Healthy Michigan Plan beneficiaries should call to schedule an appointment with their Primary Care Provider within 60 days of choosing or being assigned to a health plan. The Healthy Michigan Plan covers:

- Yearly check-ups
- Immunizations (shots)
- Doctor visits
- Mammograms
- Dentist visits
- Hearing check-ups
- Eye exams
- Lab tests
- Medications

If you are age 19 or 20, these services are covered through the Early, Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Laboratory and X-Ray Services

The Healthy Michigan Plan covers radiology services and lab tests when ordered by your doctor.

Dental Services

The Healthy Michigan Plan covers:

- Dental check-ups
- Teeth cleaning
- X-rays
- Fillings
- Tooth extractions
- Dentures and partial dentures

You can receive dental services from a dentist who accepts Medicaid until you are enrolled in a health plan. Once you are enrolled in a health plan, you will get your dental services from a dentist that works with your health plan.

If you are age 19 or 20, and live in a Healthy Kids Dental county, you may have dental services through Healthy Kids Dental until you are enrolled in a health plan. Once you have enrolled in a health plan, you must get your dental services from a dentist who works with your health plan. You can check to see if you have Healthy Kids Dental benefits by calling 1-800-482-8915.

Other Services and Benefits

Non-Emergency Transportation Services

You can get help with a ride if you do not have a way to get to and from a provider visit that is covered by the Healthy Michigan Plan. You must get approval for non-emergency transportation before your visit. If you are in a health plan, contact your health plan if you need transportation services. If you are not in a health plan, contact your local Department of Human Services specialist.

IF YOU HAVE AN EMERGENCY – CALL 911

Family Planning Services

The Healthy Michigan Plan covers family planning services with no out-of-pocket cost. Both men and women can get family planning services. These services help you plan when to have a baby or help prevent an unwanted pregnancy. The Healthy Michigan Plan covers:

- Doctor visits
- Exams
- Pregnancy testing
- Birth control counseling
- Birth control methods (condoms, birth control pills)
- Testing for sexually transmitted infections
- HIV/AIDS testing and services

Programs to Help You Quit Smoking

The Healthy Michigan Plan will cover some drugs and counseling services to help you stop smoking. If you are ready to quit, talk to your doctor.

Long-Term Care Services

For long-term care services, there are more requirements. Medical requirements must be met to have these services in a nursing facility or in a home setting.

MI Health Account

The Healthy Michigan Plan has co-pays. If you see the doctor before you are enrolled in a health plan, you will pay the co-pay to the provider.

After you are enrolled in a health plan, most co-pays will be paid through a special health care account called the MI Health Account.

Contributions

The Healthy Michigan Plan requires those with annual incomes between 100% and 133% of the federal poverty level to contribute up to 2% of annual income for cost sharing purposes. You will get more information about the MI Health Account and contributions for cost sharing after joining a health plan. You can reduce your annual contribution and co-pays by participating with your health plan in healthy behavior activities which includes completing an annual health risk assessment and agreeing to stay healthy or work on getting healthier. Total cost sharing (including co-pays) cannot exceed 5% of your annual household income.

Healthy Michigan Plan Co-Pays:

Covered Services	Co-Pay
Physician Office Visits (including Free-Standing Urgent Care Centers)	\$ 2
Outpatient Hospital Clinic Visit	\$ 1
Emergency Room Visit for Non-Emergency Services <ul style="list-style-type: none"> Co-pay ONLY applies to non-emergency services There is no co-pay for true emergency services 	\$ 3
Inpatient Hospital Stay (with the exception of emergent admissions)	\$ 50
Pharmacy	\$ 1 generic \$ 3 brand
Chiropractic Visits	\$ 1
Dental Visits	\$ 3
Hearing Aids	\$ 3 /aid
Podiatric Visits	\$ 2
Vision Visits	\$ 2

Co-pay exemptions for the Healthy Michigan Plan are consistent with Medicaid.

Advance Directives

An advance directive is a written document that tells providers what type of medical care you want in the future, or who you want to make decisions for you should you lose the ability to make decisions for yourself. Having an advance directive is your decision. You are not required to have an advance directive. You will get more information on what an advance directive is and how you may go about completing one as part of the Healthy Michigan Plan.

Your Healthy Michigan Plan Rights and Responsibilities

It is important that you know your rights and responsibilities under the Healthy Michigan Plan. You have the right to:

- Choose your primary provider
- Receive quality health care
- Be treated with respect
- Be seen by a primary provider who will arrange your care
- Get all the facts from your primary provider about your health and treatment
- Know about alternative procedures or treatments other than what has been offered to you
- Say no to any medical services you disagree with
- Get a second medical opinion
- Be told what services are covered by the Healthy Michigan Plan
- Know if a co-pay or contribution is required

- Know the names, education and experience of your health care providers
- Get help with any special disability needs
- Get help with any special language needs
- Tell your primary provider how you wish to be treated if you become too ill to make your care decisions yourself
- Be told in writing when and why benefits are being reduced, denied or stopped
- Have your medical records kept confidential
- Get a free copy of your medical records
- Voice your concern about the service or care you receive
- Contact MDCH with any questions or complaints you have
- Appeal a denial or reduction of Healthy Michigan Plan eligibility or service
- Get help with transportation if you do not have a way to get to and from a doctor's office or other medical service.

Under the Healthy Michigan Plan, you have the responsibility to:

- Report other insurance benefits to your Department of Human Services specialist and the Beneficiary Helpline at 1-800-642-3195.
- Show your mihealth card to all providers before receiving services
- Never let anyone use your mihealth card
- Choose a primary provider, call to schedule an appointment within 60 days of enrollment in a health plan and build a relationship with the provider you have chosen
- Make appointments for routine checkups and immunizations (shots)
- Keep your scheduled appointments and be on time

- Provide complete information about your past medical history
- Provide complete information about current medical problems
- Ask questions about your care
- Follow your provider's medical advice
- Respect the rights of other patients and health care workers
- Use emergency room services only when you believe an injury or illness could result in death or lasting injury
- Notify your primary provider if emergency treatment was necessary and follow-up care is needed
- Make prompt payment for all cost-sharing responsibilities
- Report changes that may affect your coverage to your Department of Human Services specialist. This could be an address change, birth of a child, death, marriage or divorce, or change in income
- Promptly apply for Medicare or other insurance when you are eligible.

Reporting Healthy Michigan Plan Beneficiary Fraud

You may be prosecuted for fraud if you:

- Withhold information on purpose or give false information when applying for the Healthy Michigan Plan or other assistance programs; or
- Do not report changes that affect your eligibility to your Department of Human Services specialist.

If you are found guilty of fraud under federal law, you can be fined as much as \$10,000 or can be sent to jail for up to a year or both.

You can also be prosecuted for fraud under state law. If you are found guilty, you can be sent to jail, fined and ordered to repay the state monies paid on your behalf for health care. If you are convicted of a felony under state law, your jail sentence may be up to four years.

Report cases of suspected fraud to your local Department of Human Services office, or call 1-800-222-8558. You do not have to give your name.

Reporting Healthy Michigan Plan Provider Fraud

A health care provider who is enrolled in Medicaid is also subject to federal and state penalties for Healthy Michigan Plan fraud. Report any provider you suspect of:

- Billing for a service he or she did not perform
- Providing a service that is not needed

Report Suspected Provider Fraud to:

**Michigan Department of Community Health
Office of Health Services Inspector General**
PO Box 30062
Lansing, MI 48909-7979

You may call the 24-hour hotline:

1-855-MIFRAUD (1-855-643-7283) toll free, or visit the website at: www.michigan.gov/fraud.

You do not have to give your name.

Complaints

If you have complaints or concerns with your health care or your health care providers, call or write the Michigan Department of Community Health:

**Michigan Department of Community Health
Medical Services Administration**

PO Box 30479

Lansing, MI 48909-9753

1-800-642-3195

TTY 1-866-501-5656

Appeals

You can appeal a negative action, such as the Healthy Michigan Plan not paying a bill or not approving a service. You must file your hearing request within 90 days from the date you were notified of the negative action. Your request must explain the problem in writing. You have the right to represent yourself, use legal counsel, a relative, a friend or other spokesperson.

Mail your request for a hearing to:

**Michigan Administrative Hearings System
for the Department of Community Health**

PO Box 30763

Lansing, MI 48909

If you have questions about appeals, call
1-877-833-0870.



HEALTHY MICHIGAN PLAN

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Additional information may be found on the
Michigan Department of Community Health website:
www.michigan.gov/healthymichiganplan

*Michigan Department
of Community Health*



**Rick Snyder, Governor
Nick Lyon, Director**